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THE SOCIAL LIFE OF STUDENT NURSES*

By Mary M. Riddle

With this country's great increase in the number of pupil nurses incident to the multiplication of hospitals and the larger demand upon the hospitals for the care of their patients as well as the additional opportunities for nurses in the world outside, came the weighty impression that new paths must be blazed and new trails laid out for the future. The future is indeed full of demands and of promise to the well-disciplined and well-equipped young nurse fortunate enough to have had her education in the times under the auspices so favorable for her success.

It followed as a natural sequence that as the schools demanded pupil nurses in greater numbers they were obliged to admit them at earlier age than hitherto, or be willing to accept the older women who have been out of school a long time and who, doubtless, have tried some other occupation and possibly failed or grown passe in it, and who are now turning to the profession of nursing as a safe harbor for their abilities and activities.

The younger women are the newly-graduated school or college girls, many of whom are assuming responsibilities for the first time in their lives, and these responsibilities are of a kind to wear heavily upon them. They must, therefore, not only be taught how to meet the cares of their newly-chosen hospital work, but they must be carefully supervised regarding their own health and pleasures. Some of them, and these are often among the worthier and more useful ones, must even be taught how to take their places in the great world outside of schools and hospitals.

These conditions have caused the superintendent of the average school much concern. She has weighed the matter in her own mind for a long time and has drawn her conclusions and acted according to the requirements of her special school and her means of meeting them.

After much deliberation, one superintendent of a training school determined to present the necessities to her board of trustees. As they were wise men, their perception of the whole situation was clear, and

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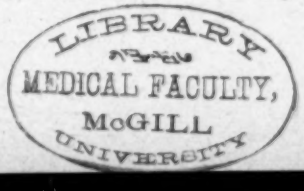

their belief in the feasibility of a scheme for bettering conditions was at once expressed.

Her plea to them ran something like this: "We have many young nurses (some not over twenty years of age) who have come from good homes, perhaps in the country; most of them are high school graduates, some are college bred, but very many have no particular point of view. They are sent to duty in the wards, and they go and come faithfully, but when they are off duty they choose their associates, sometimes with little discretion; or else they mope and dull their wits and sensibilities by so doing. They go out without advice, they come in without comment from anyone and without exciting the interest of anyone unless perchance they are later than the prescribed hour.

"The nurses' school should have at the head of its home a young woman, preferably one who is not a nurse, but who is well educated, alert, quick, bright and in sympathy with younger women and their interests. In short, she must be a woman of high ideals and one whom the nurses will delight to follow. She should direct their pleasures and guide them in hygienic ways for their health's sake; she should direct them to places of interest when off duty, and if need be, chaperone them; she should see that they are provided with suitable and interesting reading and recreation in their home; she should teach them how to meet people in a social as well as a business way; she must keep them in touch with the world outside of the nursing life, and she should be at all times one of their most valued friends.

"Gentlemen, the need is great. Does this appeal to you?"

"It does," was the reply, "but the hospital's finances are limited. How shall we meet this new demand upon our treasury?"

That superintendent was not a financier and could not answer, but upon the board were those of wide vision and broad minds, who delight in solving intricate problems as well as in doing good. One of these members arose and said: "I will finance this scheme for one year if the hospital will signify its willingness to take it over at the end of that time, provided it is a success and we have proved its usefulness to our particular school."

This was the sanction needed, the plans seemed destined to be immediately realized, and the next step was taken which was to secure the proper young woman to bring about the desired results. For the want of a better title she was called the Physical and Social Director of the Training School. The superintendent had no particular directions to give, she could only state what she wished to accomplish.

The young woman who undertook to initiate the work proved exceptional. She was a graduate of a college and had five or six years' experience as teacher in a private high school, where she directed all the girls' activities. She had no precedents from which to take a cue

and she had no prejudices to overcome. During the first year she kept constantly before her the goal, and with eyes fixed upon it she started the work, having been given unusual freedom for it and support in inaugurating it.

Her very first act was that of making the home attractive by placing flowers about in unusual places and thus exciting the attention of the nurses. So successful did this prove that she continued it until every plant and shrub in the garden was covered with snow and she was obliged to fill her vases with pine branches from the nearby woods and boughs from cedar trees, but she understood her young women and they were impressed.

She overhauled the library and by means of a new arrangement of the books upon the shelves and a new catalogue she directed attention to them, and then by her own knowledge of them and the very interesting manner in which she imparted it, her young women were won from another standpoint and of their own volition patronized the reference library as never before.

As the home library was rather meagre, she conceived the idea of increasing it by co-operating with the public library in the city. Because of the interest of the hospital trustees in the school and because some of the same men were trustees of the public library, she had the nurses' home made a sub-station of the library, which now delivers one hundred new books each month to the home and removes the number left there the previous month.

A well-lighted and comfortably-arranged reading room with current newspapers and periodicals was established and proved a Mecca to the tired nurse on her return from the arduous work of the ward.

A vesper hour for day nurses and a twenty-minute song service for the night nurses was held every Sunday evening.

A few theatre parties and visits to places of interest were made, but much more dependence was placed upon resources in the home and what could be brought in.

Leaders in many lines of the world's work were welcomed to the home and every one was generous in responding to a request for a talk about his or her special activity.

Many came to entertain the school in the happiest manner. Co-operation between the training school and other institutions of the city, such as schools and churches, was started and continues to grow with benefit to all by proving mutually educational.

A student branch of the Young Women's Christian Association was organized and accepted by the national organization. For this the nurses elect their officers each year and carry on its business according to the rules laid down by the national body. They also elect two of their members as delegates to the Y.W.C.A. student conference held

annually. The school pays all expenses of these delegates and must earn money to do so. The superintendent of the training school stipulates that nurses acting as delegates must be willing to consider the time thus spent a part of their vacations.

The clergymen of the local churches, officers of the Y.W.C.A. in the neighboring city, and nearby schools, colleges, members of mission boards, settlement workers and active Christian men and women of many professions, have graciously addressed the Sunday evening meetings and made of them a pleasure but never a duty in the thought of the nurses.

These meetings are supervised and partly arranged by the physical and social director, who knows that the music committee is doing its duty and that provision has been made for each part of the service. She then puts the service into the hands of the officers of the Y.W.C.A., for it is considered good discipline for the nurses to conduct it and to subject themselves to commendation or criticism as the case may be. The meetings are always attended by the officers of the school and not infrequently by members of the training school committee or trustees.

The members and friends of the school felt that a long step forward had been taken when they were able to assemble the graduating class and pupils of the school in the recreation hall for the baccalaureate sermon, which was delivered on the Sunday evening preceding the date of graduation. The participants took such a degree of pleasure and satisfaction in this event as they have seldom experienced in hospital work, not only on account of its immediate results, which were uplifting, but also because it marked a general advancement of standards.

Outdoor sports form an important feature in this scheme, and every inducement to a healthy outdoor life was offered in tennis, basket ball, archery, a skating rink and a toboggan slide. Almost every other exercise is optional with the nurse, and pains are taken to entice her out of doors; but should she prove unwilling to go for pleasure she is shown her duty and told that she must spend a certain amount of time in the open air each day, though she need not necessarily participate in the games and amusements furnished.

Particular attention was paid to the outdoor exercise of the night nurses, as they are apparently a little less inclined to make the effort.

Longer and shorter walks in the country were taken, and they sent the nurses back to their patients renewed in body and spirit.

Tennis tournaments were held and friendly class rivalry ran high.

A club for each class met twice a month from October to April, for amusement or education. The seniors called theirs the Current Events Club and arranged their programme at every meeting in accordance with their title, and they almost always added a short story. The stories

were by standard authors and their selection must have cost some one considerable thought. The club meetings were scheduled for the evening of the day when the pupils had their hardest class work of the week. One of their number was appointed to lead in the recitation of current events and one to read the short story, while the others sat about with their sewing or other hand work and listened.

The juniors called their club the Book-Lovers' Club and carried it on very much like the one already described. The first-year nurses chose to study the art and history of dancing. Folk dancing was much appreciated as well as the social dances and the occasional dancing party.

An hour in breathing exercises and tone production was given once a week in each class for general culture of the speaking voice.

Besides the clubs and classes the school was entertained fortnightly by one of the classes in some simple way, the hostesses for the occasion being chosen by the class. These entertainments were thought to be most beneficial, because the hostesses were put on their mettle to entertain in a pleasing and acceptable manner at little or no cost.

Thus are outlined the activities for the first year under the physical and social director. This account does not by any means give an adequate idea of all that was accomplished, but it states the purposes and plans, and shows their success when practically applied. The results of these activities were especially seen in a better school spirit and a loyalty that amounted to inspiration.

Instead of the school family being merely a working organization it became one united in its pleasures and enterprises as well, with a unity almost equal to that of a family. Nurses became better acquainted and found and gave sympathy.

Instead of having to be urged to take exercise in the open air, the nurses looked forward to it and soon forgot the slight inconvenience of changing a costume for the purpose. The increase in outdoor exercise promoted the health of the school and therefore the happiness and efficiency of each nurse.

Hitherto the members of the school had found it necessary to leave the premises for pleasure and diversion, but with the new opportunities at home the desire for entertainment elsewhere seemed to lessen, and permission for absence after the prescribed hour was less frequently requested.

There can be no doubt of the usefulness of this kind of work in our nurses' schools for the cultivation of the qualities of the nurse which have heretofore been allowed to lie dormant. These qualities add much to her value if cultivated, whereas the absence of these qualities at least retards her progress and may bring criticism and even contumely upon the whole profession.

Who among the officers of our schools cannot recall instances of woeful ignorance of the ordinary social observances in the households of well-to-do families? A young nurse launched into one of these homes is often so overcome and awed by what seems to her great splendor that she is unfitted for her nursing tasks. She has never seen some of the forms and ceremonies commonly observed. At home, candles were long ago relegated to the attic, and she is perhaps surprised to find them upon the dining table of the patient's family. She goes with the family to the library for the after-dinner coffee and forgets her patient until reminded by some member of the family that now perhaps her patient may require her care.

The personal experience the nurse gains in acting as hostess to the school at a little party does much toward enabling her to gain the poise so necessary to qualify her for after occasions when she comes in contact with conditions of the same character on a larger scale. There should be no criticism of her because she does not know all the minor customs, for many of them are not altogether worth knowing; but criticism may rightly come when she cannot maintain herself in their midst.

Again, it is a subject of remark that the nurse is too often ignorant of common characters in history or even in her profession. She may be forgiven for not knowing George Washington or Abraham Lincoln, but how can ignorance of Florence Nightingale or Mrs. Robb or Linda Richards be overlooked? Equally vague are the notions about more recent affairs in her profession. She may know about a district nursing association, but she has not yet come into knowledge of the great body of public health nurses; she may know something of the various state associations for nurses, and she may belong to one in her own state, but she has associated it always with the question of registration, and she reasons that now since state registration is secured the function of the association should cease; and when asked to become a member of her alumnae association, she may reply, upon having it explained to her, "I do not see much in it for me."

These are all straws, but they show that the wind stirring them comes from the arid desert of ignorance and narrow-mindedness, and confirms with renewed strength the principle that our pupils must have a foundation of good breeding and fair education.

Busy nurse teachers may teach and almost drill their pupils in the subject of ethics and etiquette, but when the instruction comes from an outsider, with that outsider's point of view and knowledge, the impression received is doubled in force and longevity.

Moreover, many of our best training school superintendents have been long in the service and have rather lost the impulse they once obtained from sharp competition in the world outside; hence this

new and, one might almost say, alien spirit, stimulates every other kind of activity in the school.

Arguments almost innumerable might be cited for the necessity of such care and instruction, but let it be assumed that they have all been satisfactorily answered and let the attention be directed toward securing the proper young woman for this leader and instructor.

She had better not be a nurse, because even if she were well fitted otherwise, it would be very hard for her to get away from the viewpoint and tendencies of the nursing side of the question, whereas if she is unacquainted with that form of work in the school she will make no concessions to it in the outline and general management of her instruction.

As has before been said, she must be a woman of ideals and one whom the nurses will gladly follow, for no matter what her qualities may be she must have that within her which they consider worthy of emulation or she cannot exercise the magnetism necessary to insure success.

She must be a woman of education, and she will do better if she has had experience in association with young people and be willing to consider them her associates and comrades. To that end she will doubtless plan her absence from the home for the time when they also are absent on duty and be there when they are off duty and require her presence.

She will have many discouragements; the nurses will not in the beginning look upon her advances with favor, but will consider her activity as a demand for more of their time and energy. If she is wise she will proceed slowly from one point to another in the establishment of clubs and other interests.

The irregularities of the nurses will have a tendency to discourage the director herself. It will seem hard to have her plans interfered with by changes of nurses, by new assignments, in short, by the fact, often reiterated, that they are here today and elsewhere tomorrow; but her very discouragements may prove a benefit to them in that it draws attention to irregularities and changes which need not always be, but which may often be eliminated by a little more care and thoughtfulness on the part of the management.

She will discover many inequalities in the people, proving them to be not of one class or grade, even though nominally in the same class in the school. Such discoveries may wound the pride of the management, but they react to the advantage of all. The failure of the whole scheme is assured unless she can be given great scope for the work.

The superintendent of the school must recognize the fact that the physical and social director must be allowed to work according to

her own programme—that she must be given time for it and the opportunity for doing it in her own way.

The superintendent may keep her finger upon the pulse of proceedings, and it should be her privilege to demand results, but she must be willing to delegate her authority to one who must, necessarily, be a vital influence in her school, remembering that her own influence ought not to exist merely by reason of her position, but by her inherent qualities as well.

Naturally, there will arise great differences of opinion, which usually result in mutual stimulation and have a good effect.

The whole work is large and complex and demands the surrender of many positions heretofore taken by the superintendent; it demands the co-operation of the nurses themselves; and it demands the assumption of new duties, new positions and new responsibilities by the physical and social director; but the single desire should be to give each individual nurse health and joy in her present duties, with a sense of security in her preparedness for the future.—*The Modern Hospital.*

UNIVERSITY OF MANITOBA EXAMINATION FOR NURSES' REGISTRATION, JUNE, 1915

MEDICAL NURSING

N.B.—Answer any ten questions.

1. Define (a) diuretic, (b) stimulant, (c) idiosyncrasy, (d) coma.

2. What rule should every nurse make regarding the giving of narcotics and anodynes if the doctor leaves it to her discretion, and why?

3. What are the symptoms of opium poisoning? Give antidotes.

4. (a) For what purpose are hypodermoclysis and intravenous infusions given?

(b) What solution is generally given and why?

5. Give outline of care of patient with erysipelas and precaution a nurse should take before going to another patient.

6. What sanitary precautions would you use in nursing typhoid in a country home? Mention two of the complications of typhoid and outline treatment for such complications.

7. Describe the disinfection of a room (1000 cubic feet of air space) after a case of scarlet fever when the room contains beside furniture and bedding, books, dishes, clothing, food, garbage and lavatory plumbing.

8. Mention some important points to be considered in the care of a patient with cardiac disease.

9. A person is found unconscious; to what may the condition be due?

10. Write notes on:
    (a) Methods of lowering temperature.
    (b) Prevention of bedsores.
11. Outline nursing care and diet in a case of diabetes.
12. Describe the general care and management of a case of pneumonia. What symptoms do you regard as unfavorable?

SURGICAL NURSING

1. Define the following terms: Inflammation, Rigor, Gangrene, Embolus, Shock.
2. What do you understand by:
    (a) "The healing of wounds by first intention"?
    (b) "Proud flesh?"
3. What symptoms would lead you to believe that a patient is having an integral hemorrhage after an abdominal operation?
4. Describe the preparation of the field of operation for abdominal section.
5. What features require special attention after:
    (a) Craniotomy for fracture of the skull?
    (b) Partial thyroideetomy?
    (c) Perineorraphy?
    (d) Operation for suppurative peritonitis?
6. What is hypodermoclysis? How would you arrange where no regular apparatus is to be had?
7. Give the capacity in the adult of the stomach, the large bowel, the urinary bladder.
8. What organs lie in contact with the inferior surface of the diaphragm?

OBSTETRICAL NURSING

N.B.—Answer any ten questions.

1. How would you decide that a patient was pregnant about the fifth month.
2. Give the positive signs of pregnancy.
3. What symptoms would lead you to think that a patient is actually in labor, and how would you distinguish between true and false labor pains?
4. Name the stages of labor and tell what takes place in each.
5. What are the signs and symptoms which would lead you to suspect disease of the kidneys in a pregnant woman.
6. Distinguish between engorgment and inflammation of the breast giving symptoms of each.
7. What are the causes of failure to establish nursing:
    (a) On the part of the mother?
    (b) On the part of the child?

8. Give in detail your duties towards the child during the first few hours after birth.

9. Describe the treatment of the breasts:

(a) When the child is nursed.

(b) When the child is stillborn.

10. What is the dose, methods of administration and uses of ergot?

11. A puerperal woman is unable to void urine. Give in detail your order of procedure.

12. A week-old baby has a fit of colic, what would you do to relieve it?

13. Define: Vertex; fontanelle; colostrum; caput succedaneum; icterus neonatorum.

NOVA SCOTIA GRADUATE NURSES' ASSOCIATION EXAMINATION PAPERS

I. Name the bones of the upper extremity and show their relations by drawing diagram.

II. Describe briefly the anatomy of the Alimentary Canal. Draw diagram.

III. Define the following terms: Antiseptic, Diuretic, Normal Saline.

Five doses of Morphine Sulphate; Strychnine Sulphate; Apomorphine.

IV. State exactly what you would do if your patient swallowed a seven-grain tablet of Perchloride of Mercury.

V. Name the digestive juices and describe briefly their action.

VI. Describe the Liver—stating size, shape, position in the body, and function.

Obstetrical and Surgical Nursing

I. Describe your arrangement of the bed for an ordinary normal labor.

II. How would you prepare the patient?

III. Describe your care of the breasts during the puerperium.

IV. What attention should you give to the child's eyes immediately after birth?

V. How would you prepare a patient for an ordinary curettage?

VI. What steps would you take in preparing a patient for an amputation of the breast?

Medical Nursing

I. (a) What are the symptoms of typhoid haemorrhage?

(b) What is the result?

(c) What is the treatment?

II. A medical case is admitted to hospital.

(a) What do you do for him?

(b) What data do you obtain for the doctor?

III. What do you consider the essential points in nursing a case of acute lobar pneumonia?

Dietetics

I. Name the food principles and give the use of each in the body.

II. What are the advantages and disadvantages of milk as a food during illness?

How may some of the disadvantages be overcome?

III. Give the general composition of milk.

Write a short note on each principle it contains.

IV. Tell what you know of the digestibility of eggs. Why are they so useful as a food during an acute illness?

V. (a) Name the different protein foods, with the proteid in each.

(b) Tell as far as you know the effect of "heat," "acid" and "water" on each.

VI. Give full directions for making beef tea, with exact reasons for each step.

Practical Nursing

I. Baths. Illustration of—

Baths, cold, for fever.

Baths for convulsions.

Hot bath, salt bath, bran bath, starch bath.

II. Explain how you would syringe an ear. What precautions you would take.

III. Beds—Demonstration—

Bed making, with and without a patient.

Operation bed—fracture, obstetrical.

Explain head rests, pillows, cushions, knee pillows. Best means of making a patient comfortable.

IV. Explain how to put drops in an eye. Demonstrate compresses.

THE DALHOUSIE UNIVERSITY UNIT

By E. M. Pemberton, Halifax

The Dalhousie University Unit (Stationary Hospital No. 7), equipped for the accommodation of four hundred beds, was completed and departed from Halifax on the eve of the New Year.

We have the privilege to present this month a group of the 27 nursing sisters who accompany this unit.

The Matron, Miss Laura Hubley, graduate and subsequent night supervisor of the Victoria General Hospital, Halifax, was one of the first sisters to qualify on the Army Nursing Reserve. Her assistant, Miss Alice Johnston, T.G.H., and her senior sisters, Rose Young and Frances Rice, have also qualified as reserve sisters of the Army Medical Corps. Miss Hubley has been attached to the Permanent Army Medical Service for over a year, and has acted as matron of one of the auxiliary hospitals. Previous to the departure of the unit from Halifax, the Nursing Sisters were entertained at Government House by the superintendent of the Victoria General Hospital and by many others. They were also the recipients of many presentations.

The Graduate Nurses' Association made a presentation of pocket calendars.

Captain Kenneth MacKenzie, an officer of this unit, also received from the Association the gift of a pocket-case manicure set in token of his very valuable services as a member for the past three years of the Provincial Examining Board.

The organizations of the Permanent Army Nursing Service of Canada and of the Army Nursing Reserve Corps are both too well known and understood now to require description. Yet, it was surprising to find, at the outbreak of the present European war, what a large number of trained nurses were entirely ignorant of the regulations of army nursing, its requirements or responsibilities.

The wonderful forethought and invaluable results accomplished by the nursing service of the British Territorial Force, and its corresponding organization, the Army Nursing Reserve of Canada, have been only too truly realized.

In the "Queen's Nurses" magazine, December 1908, we find from the pen of Miss Amy Hughes an excellent description of the institution of the Nursing Service of the Territorial Force. The concluding paragraphs contain what would appear an almost prophetic utterance:

"It must not be forgotten that this service is not to be lightly undertaken in a moment of enthusiasm, or lightly dropped after a time.

"This generation has never known the dread of invasion, which was an actual reality to our grandparents, when they watched nightly on our coasts for the enemy, and mothers used the name of a foreign ruler as a threat to their children.

"But such times may come again, and then, cost what it may, the promise of service made in peace must be honourably carried out in strain of war."

THE CANADIAN NURSE EDITORIAL BOARD

The fifth annual meeting of the Canadian Nurse Editorial Board was held at the Toronto Graduate Nurses' Club, 295 Sherbourne Street, Toronto, on Wednesday, January 26, 1916, at 3 p.m. The president, Miss J. I. Gunn, occupied the chair. Miss V. L. Kirke, late of the Victoria General Hospital, Halifax, was the only member of the board from out of town present. Letters of regret at inability to attend were received from Miss Judge, Vancouver; Miss Robinson, Ottawa; Miss Young, Montreal; Miss DesBrisay, Montreal; Miss Nourse, Sherbrooke, Que.; Miss E. P. Hegan, St. John, N.B.; Miss Southcott, St. John's, Nfld.; Mrs. Richards, Fredericton, N.B.; Miss Ewing, Toronto.

The minutes of the last meeting were read and confirmed.

The Secretary's report showed that the negotiations with the committee of the Canadian National Association of Trained Nurses had resulted in a promise to buy The Canadian Nurse at a cost of $2,000.00. The work this year had been mainly to facilitate the transfer to the Canadian National at as reasonable a rate as possible.

Treasurer's Statement

November 1, 1914, to October 31, 1915

RECEIPTS		DISBURSEMENTS	
Balance Nov. 1, 1914...	$ 20.15	Expense	$ 4.77
By D. O. McKinnon, as per agreement	224.67	Postage	2.00
		Editor's salary	225.00
		Balance, Oct. 31, 1915...	13.05
	$244.82		$244.82

The statement of the Business Manager showed that the subscription revenue for 1915 was $1,044.82, and the advertising revenue, $2,014.91.

The election of directors resulted in the re-appointment of the old board with the exception of Miss A. I. Robinson, whose resignation was before the meeting. Miss G. A. Gowans was elected to fill the vacancy.

The meeting closed with a social cup of tea.

GLEANINGS

Excerpts from "Anti-Typhoid Inoculation," by Frank W. Schofield, Bacteriologist, Provincial Board of Health, Ontario, in *The Canadian Medical Association Journal*:

There are certain individuals and groups of individuals that, owing to the nature of their work and the conditions under which they work, are peculiarly exposed to typhoid infection.

First, let us consider the hospital nurse. The attack rate of typhoid

fever among nurses has been calculated to be from eight to twenty times as great as among the civilians living in the same community. In other words, the hospital nurse is from eight to twenty times more liable to contract typhoid than the ordinary civilian. One would have expected a much higher attack rate than this; such figures show clearly the value of careful training in preventing the spread of a contagious disease. By the use of vaccine the typhoid rate can be reduced at least 75 per cent. Inoculation should be made compulsory in all general hospitals. One complete treatment will protect the nurses during their whole course.

Naturally, the chances of the physician in general practice of contracting typhoid are greater than those of the ordinary civilian. As an example as well as a safeguard he should be protected in this way.

The inmates of asylums and other institutions can be similarly protected. Anti-typhoid inoculation has frequently proven of tremendous value in preventing serious outbreaks in such places.

We occasionally get reports of serious outbreaks of typhoid in lumber and construction camps. This would never be the case if the laborers were inoculated. Good sanitation is very necessary and will, of course, help greatly in preventing this disease here as elsewhere, but cases will crop up in spite of the best sanitary arrangements. The danger of typhoid can be practically eliminated if complete inoculation of the men is enforced.

Anti-typhoid inoculation in the home. Every physician should realize the importance of his duty in this respect. When a case of typhoid fever has been discovered in a home, the inmates should be inoculated as soon as possible. How truly miraculous it is that so many householders escape infection when not given this protection, and how deplorable and unnecessary it is that any secondary cases develop.

The treatment is not absolute, but it is quite equal in value to any other prophylactic inoculation existing.

How frequently the answer "contracted at home while nursing mother, brother or sister who is suffering from typhoid" is given in answer to the question "where contracted?" Such an answer is quite out of place in these days of preventive medicine. The physician should be considered responsible for secondary cases if those exposed were not advised to take the preventive treatment.

To refrain from giving or at least advising a prophylactic dose of diphtheria antitoxin to the members of a family who are exposed to diphtheria would be considered a very serious omission. Why not then use typhoid vaccine after exposure to typhoid, which is quite as effective? Moreover, the vaccine is supplied absolutely free, while the antitoxin does cost a few cents.

Large communities such as cities, towns and villages should receive like protection when threatened with an epidemic. The inhabitants should be advised in every possible way to take advantage of this free prophylactic treatment, if the situation is at all serious. This, I may say, has been done here and elsewhere with great success.

The following conclusions, from a recent weekly bulletin of the Department of Health of New York City, are the result of nearly five thousand complete and careful refractions performed at the Health Department's Pleasant Avenue Clinic:

"1. In accordance with the observations of previous investigators, myopia or short sight is a condition rarely present at the beginning of school life, but which gradually increases with the age of the child, so that at the age of sixteen years almost one-half of our cases had more or less myopia.

"2. Children with hypermetropic conditions became myopic, the percentage of emmetropia or normal eyes remaining about the same.

"3. That the correction of the hypermetropia and astigmatism with the constant wearing of the correcting glasses will prevent the development of myopia in many instances is the belief of most ophthalmologists. Myopia in its high degrees becomes more than a mere handicap in life's race, producing degenerative changes, detachment of the retina, with ultimate loss of sight; therefore, apart from the relief and improvement in vision afforded by the wearing of glasses in cases of hypermetropia and astigmatism, the early refraction of children to prevent the development of myopia is most important.

"If a child has a high degree of hypermetropic astigmatism, mixed astigmatism or myopia of medium or high degree, with vision after correction of only $^{25}/_{50}$ or less, it should be placed in special classes, with a curriculum that minimizes the amount of near work. There should be close co-operation between school authorities, school nurses, school doctor on the one hand and ophthalmologists on the other. Education boards should employ some one interested in the conservation of children, preferably an ophthalmologist, in an advisory capacity. Such an officer could work to improve many existing defects, such as improper desk adjustments and poor lighting. The regulation of type and paper in school books is another matter to come under such an officer's control.

"Above all, let the slogan be 'refract the children early and compel the wearing of proper correcting lenses.' "—*The Modern Hospital.*

Here is a simple prescription to chase away germs of grip: Take equal parts of listerine, hydrogen peroxide and water. Spray the nose and throat. Keep your system in good condition, observe the simple

rules of hygiene, and do not trouble yourself about the presence of grip.

The above is a prominent physician's prescription for a throat wash recommended by Dr. Samuel G. Dixon, State Commissioner of Health. It is offered on the theory that an "ounce of prevention is worth a pound of cure." The use of this prescription is conducive to cleanliness, and while these ingredients will not kill the germs of pneumonia, it will go a long way in warding off the malady which just now is claiming so many victims. This remedy can be obtained at any drug store at a moderate cost.

Dr. Dixon in his weekly health bulletin says:

"When compelled to submit to the evils of crowded civilization during grip and pneumonia seasons, it is well to get your doctor to write a prescription for a good disinfection solution to rinse the mouth and throat with several times a day. It has been demonstrated that there are many pneumonia germs in the mouths of those suffering from the grip."

"The Chinese method is the best of all," said a Pittsburgh physician one morning. "In China, you know, they pay their doctors to keep them well. If people would see their family physicians now and then for an examination there would be fewer cases of serious illness."
—*The Lambert Pharmacal Company.*

Conditions making for inefficiency in schools for the professional training of nurses are dealt with in a bulletin entitled "The Educational Status of Nursing," issued for free distribution by the United States Bureau of Education. According to the bulletin, there are schools which admit candidates at as early an age as 17, asking no educational qualifications except a common school education, and sometimes not even that. Other training schools require as much as 12 hours a day of nursing from their students, in addition to attendance at classes and lectures. Not infrequently, also, the students are subjected to certain forms of commercial exploitation. These conditions exist, notwithstanding a number of advances made in recent years in the professional training of nurses. The bulletin is written by Miss M. Adelaide Nutting, director of the Department of Nursing and Health, Teachers' College, Columbia University, New York, and formerly Superintendent of Nurses and Principal of the Training School of Johns Hopkins Hospital, Baltimore.

The first count in Miss Nutting's indictment of nurses' training schools reads in the Government publication as follows:

"The condition in training schools which is causing grave concern among those who have long been struggling to improve the education of nurses is the persistence of low standards for admission. The

enormous multiplication of hospitals and sanitaria throughout the country, with the consequent unrestricted development of training schools as a part of their working organization, has led to a very large demand for students essentially for utilitarian purposes. No adequate supply could be secured through the usual sources with the maintenance of suitable standards, and such standards have, therefore, been lowered or sacrificed to meet the current needs of institutions.

"The large, best-equipped, and well-known schools naturally attract the most desirable candidates, yet not one of them is exempt from the necessity of admitting and keeping in the school pupils of pitifully low educational attainments and mental ability in order that there may be no disturbance or breakdown of the system which requires the hospital to be 'manned' at all points throughout its department with student nurses."

Most student nurses are lacking in two main respects—they are neither old enough, nor well-educated enough, to enter upon the course of training for this profession. Regarding age conditions, Miss Nutting says:

"Until the last few years the general age requirement for admission to training schools was 23 years, and it was only in exceptional instances that students were admitted under that age. But of recent years, in the effort to secure enough students to staff the hospital, this age requirement has been steadily lowered, until now, in the majority of schools (55.2 per cent.) students are admitted at 20 years or under and in 13.15 per cent. of all schools they are admitted at 18 years of age. A further descent may be perhaps foreshadowed in the record of the two schools admitting that they receive students of 17 years of age.

"While there is little reason to suppose that the age standard could, in the present day, be kept at 23 or even 22, yet it is a grave question whether the admission of young, immature girls of 18 and 19 to hospital wards, and to the heavy physical demands and the overwhelming responsibilities and anxieties of such work as inevitably awaits them there by day or by night, should be considered. No school dare assume that it will be able to provide influences and safeguards strong enough and far-reaching enough to protect either patient or pupil under these conditions."

As for the educational requirements of candidates, Miss Nutting presents these figures:

"From the reports of 692 training schools made in 1911 to the Bureau of Education, it appears that about 35 per cent. of the total number state a requirement of 'high school or its equivalent'; about 23 per cent. call for one year of high school work (or an equivalent); 28 per cent. call for nothing beyond the common school; the remaining

14 per cent. either make no educational requirements whatever, and say so in unmistakable terms, or indicate merely a preference."

When the girl finally enters upon her training course she usually finds, according to the Bureau of Education bulletin, that it consists of prolonged, and sometimes excessive, hours of nursing, while instruction in the theory of the subject is minimized. In addition, Miss Nutting charges, the students are often "exploited."

"Not only is all the general nursing in hospitals done through the services of the students," says Miss Nutting, "but in certain instances the students themselves become an actual source of direct and considerable profit to the institution. This happens when the student enters a private hospital for two or three years and is placed at a very early stage of her work upon special duty with a single patient, a considerable fee being charged for her services. In some instances it is said that pupils are kept at such special individual work during the greater portion of the course of their so-called training, the fees for their services going directly to the management.

"But this does not exhaust the methods by which hospitals can utilize for their own profits the services of their students.

"Out of the 692 hospitals from which statistics were recently received, 248 were found sending out their pupils into families in the community for private nursing, for periods ranging from 2 to 26 weeks, the payment for this service in almost all instances going directly to the hospital.

"It can be readily seen how the effort to guard the education of nurses by suitable legislation would interfere with such exploiting of the pupil nurse, and it is a well-known fact that the most persistent opponents of such legislation in the various States have been found among those representing such hospitals—those whose financial interests were involved in maintaining the status quo."

Among the remedial measures suggested by Miss Nutting, in order to raise the standard of professional training for nurses, she advocates that the hospitals adopt the policy of paying for a considerable part of their nursing, as well as of domestic services which the students are now performing, and she also maintains that "the first step toward developing proper schools of nursing lies in separating them from the hospital and its control and placing them upon an independent basis." She adds: "While hospital and training school are fundamentally interdependent, there is no more reason why the hospital should own and control the training school than the medical school. The basis of relationship should be one of close and efficient co-operation."

"That public health work in this country it still in its infancy" is the outstanding conclusion drawn from a study of municipal health

department activities in each of the 227 cities of the United States having a population of 25,000 or more.

Franz Schneider, Jr., Sanitarian for the Department of Surveys and Exhibits, Russell Sage Foundation, conducted the investigation which is reported in the January issue of the American Journal of Public Health (Boston), and is published by the Russell Sage Foundation in a pamphlet entitled "A Survey of the Activities of the Municipal Health Departments in the United States."

The investigation covered the cities having a population of 25,000 or over in 1910, although repeated efforts failed in securing data from any of the following cities: Columbia, S.C.; Council Bluffs, Ia.; Holyoke, Mass.; Joplin, Mo.; Knoxville, Tenn.; Newport, Ky.; Springfield, Mo.; Waco, Texas.

Nine tests were applied to the health department work in the other 219 cities in order to gauge the extent to which they had taken advantage of their opportunities. These tests covered appropriations, infant hygiene work, medical inspection of school children, laboratory service, health education and publicity, control of venereal diseases, housing regulation, dispensary service, tuberculosis work, industrial hygiene, and the number of privies.

The statistics of appropriations omits all funds applied to hospitals and sanatoria; plumbing inspection; street cleaning; the removal or disposal of dead animals, refuse, garbage, or night soil; and any other unusual undertakings which are of indirect hygienic value. The average per capita expenditure was 22 cents. The largest figure was that of Seattle, $0.98; the smallest that of Clinton, Iowa, three-fourths of one cent. Others of the larger expenditures were: Memphis, Tenn., $0.93; Pittsburgh, Pa., $0.61; Augusta, Ga., $0.61, and New York City, $0.58. Among the smaller were: Easton, Pa., $0.02; Aurora, Ill., and South Bend, Ind., $0.03; Woonsocket, R.I., $0.04, and Lewiston, Me., $0.06. Such ridiculously small appropriations are by no means rare, and are to be found in almost any part of the country.

Cities under 100,000 population spent an average per capita of 19 cents; those between 100,000 and 300,000 spent 27 cents per inhabitant; while the 17 cities above 300,000 invested an average per capita of 34 cents in preventive health efforts.

The most surprising financial finding of the report is that the two groups of States with the biggest average per capita are the "East South Central" and the "South Atlantic" States, as they are known to the United States Census. In these states, covering the territory east of the Mississippi and south of the Ohio and Pennsylvania the average per capita was 32 and 34 cents. The lowest average per capita, 15 cents, is credited to the "West North Central" and "East North Central" States, covering the territory from Colorado to Pennsylvania,

and south from Canada to Oklahoma and the Ohio River. The "Middle Atlantic" States of Pennsylvania, New York and New Jersey manage to increase this munificent amount by 4 cents a head.

In summarizing the whole investigation the report states that there is a surprising neglect of the opportunities to apply scientific methods of established value, and that public health work in this country is still in its infancy. At the time of this investigation a fifth of the cities made no inspection of school children; over a third did not offer the ordinary laboratory diagnosis for the commoner communicable diseases; over a fourth made no effort to educate in health matters; nearly three-fourths had no housing law; nineteen-twentieths had no concern with the hygiene of industry; over six-sevenths had no program against the venereal diseases; over a half had no proper organization to combat infant mortality; and less than a quarter had a coherent program against tuberculosis.

All the tests applied showed the health departments in the smaller cities to be weaker than those in the larger cities. Perhaps the most surprising finding is that the Southern and Pacific cities have better-developed municipal health departments than the Northern cities from the Rockies to the Atlantic. The Central Northern cities stand at the foot of the list. The report conludes that the appropriations granted most health departments in this country are grossly inadequate for the new functions modern science requires them to perform. It is stated that health departments should be allowed a "minimum wage" of 50 cents per inhabitant per year, as compared with the present average allowance of 22 cents.

The Nursing Journal of India provides us with the following valuable information:

To mend enamel ware.—To mend holes in enamel buckets, basins, etc., a piece of putty is required the size of the hole. This putty must be warmed in a shovel over a fire, a few drops of oil must be added to it and worked well to a smooth paste. Cover the hole with the mixture, sprinkle over a little sand and leave for a day or two to harden.

Boiling glass articles.—Lay all glass syringes, catheters, etc., on a cloth before sterilizing.

To keep instruments from rusting.—Place some quick lime in a saucer in each instrument cabinet because it absorbs moisture and keeps the instruments from rusting. Pieces of camphor can be used for the same purpose.

Care of hypodermic needles.—Keep the needles in equal parts of almond oil and alcohol in wide-mouthed bottles. Always use sterile forceps when removing the needles and clean with alcohol.

To prevent flies breeding—Sprinkle borax in the garbage tin.

Matron and Nursing Staff of Dalhousie University Stationary Hospital, (No. 7), Halifax, N.S.

CORRESPONDENCE

Miss Susie Beaty, a graduate of the Mack Training School, St. Catharines, writes from Lemnos, Greece:

"We arrived here safely at last, though the captain received a Marconigram that something was going to happen, as it seems the Germans have threatened to get this boat, the Aquatania, sooner or later, as it is the largest afloat and is now turned into a hospital ship. The Germans try to make out they are carrying ammunition, just for an excuse. When we arrived it was raining hard, and the whole place was a mass of mud. It was terrible the first few days, rain, snow, cold and wind, the elements did their best to make it uncomfortable for us on landing. We were taken in the ambulance to No. 3 Canadian Stationary Hospital, and had tea and bread and butter, and were then shown to our huts, long, low, green buildings, with made up beds, four in some rooms, two in others.

"We have no home comforts as we had at Cliveden, the floors are cold; bad water brought in in limited supply in pails; candles, small oil stoves, etc., but no complaints. We came gladly as we are badly needed here.

"Sunday we lighted our stoves, and needed all the heat they gave, and then tried to get things settled, but it was too cold to do much. The wind blew so hard Sunday night I got up and packed my trunk, as it seemed the roof would go off. We then made up our minds to duck under, stay in bed, and let things go. Everything was all right in the morning, so we got to work again, put in nails to hang out things on and made tables and shelves out of some boxes.

"We then went to a little Greek village and bought some curtain material for the windows, decorated the walls with a few flags, maple leaves, cards, and a few pictures I had of the West, so now it is really lovely and quite Canadian. Now that the weather is more settled we can get out in the day time. The climate is very trying, as the days are hot and the nights cold. We hang our rugs over the windows at night, so we are getting things more comfortable.

"This place, like most others, has its beauty spots. The hills rise very high, out over the inlet, and make a beautiful picture as they are reflected in the water, which is so very blue. There are many boats of all descriptions in the bay. The officers often come over here to tea and we are invited back, and it is very interesting to see over those powerful boats.

"There are no trees here of any account. They grow some grapes and an inferior class of oranges and lemons. I believe Greek, according to the French dictionary, means thief, and they evidently live up to it, as all the houses, which are nearly all small stones ones, have solid

stone walls around them and the windows and shutters all barred; their gardens are also walled. It is a funny place, all Greeks and Egyptians. They have the historic stone well in the public square, where they go carrying their terra cotta water pitchers on their shoulders to draw water. The stores are in most unexpected places. You generally go down a step to one side into a small room with its barred window, and it is certainly departmental—all sorts of junk, nothing that would inspire you to buy unless you really needed to. They charge most alarming prices and know the English money as well as we do.

"We sisters are allowed to go behind the counters and any place we like to see things. When they have more customers than they can handle they put a board up to keep more from coming in. As a rule they have pails of charcoal for heating; some have quaint little fireplaces, built half-way up in a corner. The ceilings are just boarded and the roofs tiled.

"At one place we were in, an old patriarch was busy making a wooden plough all by hand, just like pictures you might see of them in Bible times. You can see a party of Egyptians any time sitting on the ground while their donkeys are resting. The men all wear their turbans and the regular Turkish trousers, shirts or almost anything they can get on, but no matter how much or little, on top of it comes the big blanket they all wear, draped around the head and hanging to the ground; others have it wound round and round their heads and necks. They are not so particular about their feet, as many go barefooted or boots and no socks.

"We sometimes stop to look into their houses and they invite us in, but a look is sufficient. They are filthy and dirty. No signs of any health officers here. They do all their work at their front doors and on the street almost as bad as at Naples. Their baby cradles, a sort of sack hammock, hangs from the ceiling by four ropes. We passed a man busy eating rice, off his fingers, taken from the hospital garbage. With a smile all over his face he called out, 'Gooda, gooda—enough to make you sick for a week.'

"We saw another old man doing up a queer looking article and the nurse with me said: 'What is it?' I jokingly replied, 'An Octopus.' The man, hearing us, said: 'Yes, Octopus, English no eat! Oh good.'

"A Grecian funeral passed to-day. Just a big lumbering black wagon with 'For funerals only' painted on the side, and a blanket covering the corpse. About thirty Grecians walked behind.

"It is so different here from what it was at the Duchess of Connaught Hospital at Cliveden, where we had everything; but the pleasure of working is greater here, as we do our best with so little, and feel fully repaid as the patients are so grateful. My orderly, a minis-

ter's son, told me to look out of the window, and then asked if I knew what position the man held who was in front of the hut clearing away a pile of dirt with shovel and barrow. I did not, so he told me he was the head auditor from the Toronto City Hall.

"The orderlies here are all nice fellows, one a lawyer, some bank chaps, one on the staff of a big Chicago paper. We are invited to a Col. Griffin's camp for Dec. 26th; he is here at present. Next week we are going to a concert. It seems strange to hear the same songs sung and whistled here as in Canada. We can hear the pipes at times from the camps near by on the hill. Lord Kitchener was here while we were out in the harbor, but has gone back to England.

"One poor fellow I am nursing has been shot through the lung. He is Irish and one you could do so much for, and still there is plenty left undone for lack of time and material. I save my oranges from breakfast for them, as they get no luxuries, and the poor fellows are so thankful for what you do.

"I suppose you see plenty of soldier life at home, but very different from here. We saw a regiment coming in here from the Dardanelles to rest. You can tell them a long distance off—perhaps a line of them half a mile long, trudging and stumbling along, so different from the fresh soldier; it makes your heart sore to see them.

"As I said before, this is very different style from what we had at the Astor Palace. Cliveden was rich and I might say extravagant compared with Lemnos, and this is really where great comfort ought to be given the patients. We are all calling for aid for this hospital. Everything in the way of supplies is needed. Anything is acceptable and appreciated. Pyjamas, wash cloths, bandages, towels, etc. Fancy one towel for forty patients. Some of the patients who were sent on from here to Cliveden while I was there told me of the need, they had no sheets or shirts, and I quite believe it now. Transportation is slow here and we suffer a great deal from it, so if you could speak to anyone in connection with Red Cross work they might send something here for the poor souls, who would be truly grateful. Have it sent through Miss Plummer or Miss Arnoldi, anyone there will know their address, and it comes through Field's Comforts instead of Red Cross, getting here much quicker.

"We are all well and happy, trying to do what we can to have some sort of a Xmas for the wounded heroes and orderlies.

"I received my first letter here yesterday and it was welcome. I see it is dated Nov. 15, and reached here Dec. 1st. Such a scramble when our first batch of mail came in."

Editorial

THE ROYAL RED CROSS

His Majesty, King George V., has been graciously pleased to confer the Decoration of the Royal Red Cross upon Miss M. C. Macdonald, Matron-in-Chief, Canadian Army Nursing Service.

The nurses of Canada will feel justly proud of this honor to their chief officer and because, through her, honor is done the profession.

THE GOVERNMENT COMMISSION

The nurses of Ontario had their second opportunity of appearing before the Government Commission to present the needs of nurse education on Tuesday, February 1st. There was a fair representation of nurses from different hospitals in the Province.

There were several representatives from the Wellesley Hospital, Toronto, and the Homewood Sanitarium, Guelph, who seemed to think their nurses should receive special consideration, and who were evidently desirous of compelling the Provincial Association to receive their graduates into membership.

It was very evident that those representatives had not made themselves acquainted with the scheme for the improvement of nurse education that had been presented by the nurses at their first hearing. Their great difficulty was aptly voiced by one of the speakers from Guelph, who said that his institution might as well close its doors if their nurses could not get professional reecognition. This made it evident that nurse education was not their chief concern, nor one of their chief concerns, but that their institutions might continue to reap the benefit of the work of their pupils.

The nurses who had sought to present a working scheme for nurse education had no financial interest at stake, but from purely professional motives sought the improving and standardizing of nurse education in the Province. This is a worthy object, and the nurses have every confidence that the Commission will give careful consideration to the needs of the profession, as shown by the data submitted.

WOMAN SUFFRAGE

The women of Manitoba are to be congratulated on the passage of the Woman Suffrage Bill which grants equal suffrage to the women of the Province, and the right to sit in the Provincial Legislature.

Manitoba leads in different reforms. The nurses of this Province have had a Registration Bill in operation for over two years.

OUR MEMBER

We regret to note the sudden passing of Miss Grace E. Nourse, of Sherbrooke, Que., a member of The Canadian Nurse Editorial Board. Miss Nourse was a conscientious and indefatigable worker in the interests of the profession, as evidenced by her correspondence, which was ever welcome.

To the members of her Association and her friends we extend our very sincere and heartfelt sympathy.

In Kingston, Ont., suddenly, on February 3, 1916, Miss Grace E. Nourse of Sherbrooke, Que.

THE CANADIAN NURSE

The report of the annual meeting of the Canadian Nurse Editorial Board will bring to the attention of the nurses the fact that the Canadian National Association of Trained Nurses is to take over "The Canadian Nurse" at its next annual meeting in June of this year. Every nurse must realize her responsibility and do her full share in upholding the Association in taking this step and in all the work that follows. Definite work promptly performed will be a necessity if the best results are to be obtained. And it is surely the desire of every nurse that the best results may be obtained. Let all plans be made early with this object in view, so that this advance step may be abundantly productive of benefit to the profession.

The human race is divided into two classes, those who go ahead and do something, and those who sit still and inquire, "Why wasn't it done the better way?"—*O. W. Holmes.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

On February 1st the Graduate Nurses appeared before the Royal Commission. The Association was represented by its President, Miss Madden, and the Special Committee. The following out-of-town hospitals were represented:

Hospital for Insane, Toronto, Miss Mary McNamara; Galt Hospital, Miss Reid and Miss Adams; Cobourg Hospital, Miss M. A. Walsh; Bruce County Hospital, Miss Thirsk; General Hospital, Oshawa, Miss MacWilliams; General and Marine Hospital, Owen Sound, Miss Wood; St. Vincent de Paul Hospital, Brockville, Sister Mary of the Cross and Sister Mary Eulalia; Berlin and Waterloo Hospital, Miss Rodgers; Hamilton City Hospital, Miss Madden, Miss Laidlaw, Mrs. Reynolds, Miss Watson and Miss Storms.

The object of this second appearance was to give the Association an opportunity of defending its proposed plan, a copy of which appeared in the December issue of The Canadian Nurse. The only source of opposition at this session was the Private Hospital. Those who spoke in opposition to our plan were quite evidently not familiar with it, as they recommended to the Commissioner precisely what we had already requested with the exception of a preponderence of medical representation on the Council of Nurse Education and Examining Board. In the best interests of the profession, the Special Committee disapproves of this suggestion of "a preponderance of medical representation."

The regular monthly meeting of the executive of the Graduate Nurses' Association of Ontario was held at the Club House, 295 Sherbourne Street, on Wednesday, January 26th, the President, Miss Madden, in the chair. The following members were present: Miss Mathieson, Miss Pringle, Miss Jamieson, Miss Jackson, Miss Allen and Miss Dickson.

The following alumnae associations made application for membership and were accepted:

St. Joseph's Hospital, London; Guelph General Hospital, Guelph; Mack Training School, St. Catharines; Youville Training School, Ottawa; Sarnia General Hospital, Sarnia; General and Marine Hospital, Collingwood; Woodstock General Hospital, Woodstock.

The revised constitution of the Florence Nightingale Association was presented for review by the executive and approved.

"Trachoma, a Menace to America," a pamphlet by Mr. Gordon L. Berry, Field Secretary of the National Committee of the United States for the Prevention of Blindness, is a very complete compilation of information on this subject. It is not offered primarily as a treatise on trachoma from the medical standpoint, but rather as a popular presentation of the subject for the education of the layman as to the prevalence of this disease, its effects upon vision, and the methods adopted for its control and eradication. The use of technical terms has been avoided so far as possible in order that all phases of this important public health problem might be readily understood by the general public.

We believe, however, that much of the information contained therein will prove of interest to the oculist, physician and surgeon, and the publication may be used in part or in its entirety by anyone desirous of presenting the subject of trachoma through the medium of an illustrated lecture. Nearly one hundred lantern slides to illustrate the text have been prepared from photographs taken by the author or loaned by the United States Public Health Service, the United States Indian Service et al. Copies of these slides may be purchased at cost from this committee, or will be loaned without charge other than transportation expenses.

In spite of the fact that this disease has received a great deal of publicity during recent years, it is surprising to note that the word "trachoma" does not appear in any one of a number of our leading abridged, High School or Collegiate editions of standard dictionaries.

A copy of this pamphlet may be obtained from the National Committee for the Prevention of Blindness, 130 East 22nd St., New York.

To polish boots and shoes.—Boots and shoes, however damp, will polish in a few minutes if a drop or two of paraffin oil be added to the blacking. It prevents leather from cracking.

Egg and parsley dish.—Boil the eggs five minutes, cut off one end, and stand them up on a flat dish. Pour round (not over) them white sauce, with a little salt and pepper, and finely chopped parsley, and serve hot.

AGNES M. LYNCH

On January the eighth, when Agnes M. Lynch passed away in the Royal Victoria Hospital, Montreal, Canada lost one of her best known and best beloved nurses. Miss Lynch was a graduate of the Montreal General Hospital Training School, and after good experience in various lines of nursing she joined the Victorian Order of Nurses, and one year afterwards, in June, 1904, was appointed to the important position of District Superintendent of the Montreal Branch of the Order, which position she held at the time of her death.

It would be difficult to find another Superintendent who was so sincerely beloved by all her nurses. Miss Lynch possessed that rare combination of virtues which brings love in the train of discipline. Unselfish to a fault, Miss Lynch never spared herself, and many are the proteges who are mourning her loss, for, to the outcast, the sad, the unfortunate, she would not turn a deaf ear. No one will ever know one-half of the little kindnesses, the gifts and love that this charitable woman lavished on those for whom no one else was caring.

Miss Lynch has passed to her reward—she died in harness, wrapped up in her beloved Order, revered by the citizens of Montreal, especially by the poor and afflicted of that city and by her nurses. She has "done her bit" here, and has only passed on to another and broader sphere of service.

"Strew on her roses, roses,
And never a spray of yew!
In quiet she reposes;
Ah, would that I did too!

"Her mirth the world required;
She bathed it in smiles of glee.
But her heart was tired, tired,
And now they let her be.

"Her life was turning, turning,
In mazes of heat and sound.
But for peace her soul was yearning,
And now peace laps her round.

"Her cabin'd, ample spirit,
It flutter'd and fail'd for breath,
To-night it doth inherit
The vasty hall of death."

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, One.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

The Nation-Wide Baby Week Campaign to be carried on in the United States, March 4-11, should be productive of much benefit to the babies, and incidentally to the adults who seek to benefit by the information that will be placed within their reach.

The need for conservation of infant life is a live question with all who do any serious thinking and take any interest in the general uplift of humanity. That this campaign is planned for this time will mean that the benefits will be reaped by the babies during the hot and trying days of the summer.

The purpose of a Baby Week in a community is primarily educational; it is twofold; first, to give the parents of a community an opportunity of learning the facts with regard to the care of their babies; and second, to bring home to everyone in a community the importance of the babies, the facts relating to the babies of that especial community, and the need of permanent work for their welfare.

These purposes may be carried out in various ways: by newspaper and advertising publicity; by sermons on the subject of the baby on Baby Sunday; by exercises in the schools on School Day; by an infant welfare exhibit, or a Babies' Health Conference; by a program of days devoted to special events, such as Flag Day, Outing Day, etc.; by plays, meetings, etc., etc.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

Miss McBeath's many friends will be sorry to hear that she has been very seriously ill in the Western Hospital, and we are pleased to be able to report that her condition is somewhat improved.

The monthly meeting of the C.N.A. was held on Tuesday evening, February 1st, when Dr. Grant Stewart read an intensely interesting paper on "Medicine of the Past and Present, and the Probable Medicine of the Future," which we hope to publish later. The doctor congratulated us on the number present, realizing the effort it requires on these very busy days to attend.

THE REALITY OF WAR

Extract from a long and interesting letter from a Chaplain to the Forces to the London Standard:

"Not long ago someone asked me whether the sufferings and horrors we saw did not tend to shake our faith in God.

"Personally, I have never passed through an experience that has more completely established and confirmed my faith in God, and my belief in His practical interposition in the affairs of men. Here is a man brought in to the ambulance, or advanced dressing station, terribly wounded, well nigh crushed out of all semblance to humanity, uttering piteous groans, wrung from him by his agony in spite of himself. Directly the Chaplain kneels by his side to whisper a few simple words of solace the groans are hushed for the moment, and the man listens eagerly to the message, and always finds strength to utter a heartfelt 'Thank you, sir.' There is no room for sham or hypocrisy here, and you have before your eyes the indisputable fact of real help and com-

fort given to the sufferer in his extremity. I have known a man, but a few hours removed from death, throw his arms about my neck in gratitude and joy that filled his heart to overflowing. Another murmured over and over to himself, 'Oh, the sweet prayer! Oh, the sweet prayer!' Does this tend to shake one's faith in God? There is a scene before my mind's eye that will never be forgotten. A battalion attacking just in front of us had suffered awful casualties, and for hours in a continuous stream the wounded were brought in or crawled in, all parched with thirst from the pain they were suffering. In response to a request to the Sergeant-Major for water to give those poor fellows, the appalling answer comes: 'We have not a drop of water in the ambulance.' Can you imagine a more ghastly state of affairs in the circumstances?

"We were at our wits' end to deal with the situation and meet the heartbreaking cries for water that met us on all sides, while waiting for the return of the messenger sent with an urgent request to the nearest M. L. O. Then it suddenly occurred to me that my own water-bottle was full, as it had been filled the night before and not touched. I rushed to fetch it, and proceeded to dole it out in a cup. As I handed the cup to each of the wounded men I said: 'Look here, old fellow, there is only a very little water here, and you must only take enough to wet your lips and rinse out your mouth.' Each man, without exception, put the cup to his lips, took one small mouthful, and then passed it on to the next. It is difficult for anyone who has not experienced it to realize the self-denial and self-control necessary to remove a cup of water from one's lips when consumed by overwhelming thirst. One splendid young fellow came crawling in, and his first words were: 'Oh, give me a drink!' I handed him the cup, telling him the state of affairs, and immediately he said: 'Oh, there are plenty want it worse than me; give it to them,' and he refused to touch a drop.

"Such facts as these need no comment, and they are emphasized by the wonderful services we had. . . . The point I want to emphasize is this: Reality is the deadly foe of indifference. If it were only possible to bring home the reality of war to the nation at large there would be an end to the terrible indifference that has been our great and growing national sin for the last few years, and is now the most serious enemy with which we have to contend."

To cultivate kindness is a valuable part of the business of life.—*Johnson.*

Character is to wear forever. Who will wonder or grudge that it cannot be developed in a day?—*Drummond.*

HOSPITALS AND NURSES

British Columbia

The annual meeting of the Alumnae of the Vancouver General Hospital took place in the new Nurses' Home on January 4, 1916.

Miss Guilloid, who has been acting president during the absence of Miss McLane, on active service, was elected President. The First Vice-President is Miss Irene Clark; Second Vice-President, Miss Rice; Secretary-Treasurer, Miss Hart. Those elected to serve on the executive committee were Miss McVicar, Miss Maxwell, and Miss McCartin. The Committee to look after the new members consists of Miss Black, Miss McKay, Miss Judge and Miss Figsworth.

The Secretary-Treasurer for last year reported a balance of $76; $35 was spent on Red Cross materials in the autumn.

Several changes in the constitution were suggested, the only important one being the proposed admission of the graduating classes of the Hospital to the Alumnae. These changes will be voted on at the next meeting in February.

At the conclusion of the meeting Miss Randal, Superintendent of Nurses, V.G.H., joined the party, and refreshments were served.

The Alumnae was started some years ago and has now between seventy and eighty members. It also boasts a splendid roll of honor, for 33 of its members are now on active service. Some went with St. John Ambulance, but the greater number with No. 5 General Hospital.

The Graduate Nurses' Association of British Columbia held its annual meeting in the Nurses' Club, Victoria, on January 5, 1916. Last year's officers were re-elected, and include Mrs. Johnston, President; Miss Breeze and Miss Bone, Vice-Presidents; Miss Judge, Secy.-Treasurer; Executive Committee, Miss Barnard, Miss Deacon and Miss M. Wilson; War Supply Committee, Miss Ewart, Miss Bone, Miss Jeffers, Miss McLellan, Miss Blakeney; Sick Benefit Committee, Miss Archibald, Miss McCartin, Miss Judge, Miss Turnbull and Miss Callin; Social Committee, Miss Barnard, Miss McLellan, Miss Beckerill, Mrs. Blythe and Miss McDonald. The report of the Secretary-Treasurer showed a membership of 78; 10 on active service, five sick benefit cases, a hospital fund of $74.75 for surgical supplies, which the members make up when they meet weekly at the hospital; a registry of 104 members, and 963 calls through the year. After the meeting refreshments were served.

Miss Gigor, of the Queen Victoria Hospital, Revelstoke, is expected here in a day or so to take a position on the staff of the Vancouver General Hospital.

The new buildings of Vancouver General Hospital were thrown

open for public inspection on January 1st, when the staff of the Hospital welcomed about four thousand citizens.

One of the unique features was the erection in each department of a card of statistics. The card in the front hall showed the growth of the hospital, covering a period of twelve years, an increase of 700 per cent. It also indicated that the monthly cost of operations is $25,000, and during the past year $145,000 of free work has been done. In the childrens' ward, statistics showed that over 18,000 feedings had been prepared for poor babies. The new buildings are very complete in every way, all the most up-to-date equipment having been installed, making the hospital one of the best on the Continent.

Saskatchewan

On Thursday evening, December 16, 1915, the new Nurses' Home of the Regina General Hospital was formally opened. Miss Turner, with her staff of nurses, received some five hundred guests. An excellent musical program was provided, and hospitality and good cheer were very much in evidence in the halls and dining-rooms of the basement where refreshments were served.

The new Home was very much admired for its spaciousness and the good taste displayed in the furnishings. It accommodates sixty-four nurses, with one wing reserved for night nurses. One heard many exclamations of admiration as the immaculate bed-rooms, with their fumed oak furniture, and the bath-rooms, with their perfect appointments, were inspected.

Those of us who are nurses saw behind all this days of work and worry for the Superintendent of Nurses. Miss Turner is certainly to be congratulated on the success of her labor

Ontario

Miss Lenora Rose, graduate of Brockville General Hospital, has been selected for service with the Ontario Government Hospital, to be established at Orpington, Kent, England.

Miss Irene Douglas, Miss Gladys Kilborn, Miss Grace Billings have enlisted with Queen's, and leave for Egypt or Siberia if necessary.

Miss Laura McCannon is doing service in Egypt with Queen's Hospital.

Miss Nellie Wilson joined the Red Cross Society in Ireland, and is doing service in a hospital ship in the Mediterranean.

Miss Stevenson, former assistant, is with the Toronto University Hospital at Salonika.

Nursing Sister Anna Duff Beck (H.C.H.), Military Hospital, Exhibition Camp, was up from Toronto for a few days' visit.

The regular monthly meeting of the Hamilton Chapter of the Graduate Nurses' Association of Ontario was held on Friday, January

28, 1916, in the Board Room of the Y.W.C.A. The President, Miss Madden, was in the chair. The usual reports were submitted, and other routine business disposed of. Capt. (Dr.) Roberts was the guest of the evening and gave a most interesting and enjoyable address on his work at the Front. Capt. Roberts has but recently returned from the Dardanelles, where he was connected with one of the base hospitals.

Miss Jean Conn (H.C.H.) paid a brief visit to Hamilton friends while on her way home to St. Mary's from New York.

The regular monthly meeting of the Hamilton City Hospital Alumnae Association was held at the Nurses' Residence on Wednesday, February 2nd.

The President, Miss Laidlaw, was in the chair. Seventeen members were present.

It was decided to resume the sewing meetings for the purpose of making supplies for overseas' hospitals. Three meetings a week are to be held at the Nurses' Residence until all the material on hand is disposed of.

$25 was voted from the Alumnae funds to purchase wool for socks.

Miss Laidlaw gave an interesting summary of what occurred at the second hearing before the Commission in Toronto on February 1st. Hamilton was represented by five nurses: Miss Madden, Miss Laidlaw, Mrs. Reynolds, Miss Watson, and Miss Storms.

Miss Grant (H.C.H.), of Listowel, was a visitor in Hamilton for two weeks.

The magnificent new wing of St. Joseph's Hospital, London, was formally opened by Bishop Fallon on Monday evening, December 13, 1915. A large and representative gathering of citizens was present at the opening ceremony and inspected the building afterwards. The new wing, which cost about $120,000, accommodates 60 patients, thus about doubling the capacity of the hospital.

The annual meeting of the Toronto Western Hospital Alumnae was held Friday, February 4, 1916, at the Nurses' Residence. Election of officers resulted as follows:

Honorary President, Miss B. E. Ellis, Superintendent of Nurses, T.W.H.; President, Miss S. B. Jackson; First Vice-President, Mrs. Gilroy; Second Vice-Pres., Miss MacDermid; Recording Secretary, Miss Lowe; Corresponding Secretary, Mrs. Weitlaufer, 97 Constance St.; Treasurer, Miss Northgrave, T.W.H.; Central Registry, Miss Cooney and Miss Wice; The Canadian Nurse, Miss Chisholm, 30 Brunswick Ave.; Programme Committee, Mrs. McCarthy, Misses Rose and Cook; Visiting Committee, Miss Rountre, Misses Hornsby and Avens; Board of Directors, Mrs. Yorke, Mrs. MacConnell, Mrs. Valentine, Mrs. Bell, Miss Beckett and Miss Creighton.

After business was finished, the members enjoyed a social hour. It was decided to hold knitting teas at different members' homes.

Misses Misner, Chapman and Wylie have gone with Queen's University Base Hospital to Cairo.

Miss Langman and Miss Riley have enlisted with the Ontario Government Hospital for Arpington, England.

A very successful dance and euchre was held in the Assembly Hall of Toronto Western Hospital on January 21st, under the auspices of the T.W.H. Alumnae Association.

The proceeds amounted to $80.10. After paying expenses, the Association had $58.25 left to hand over for patriotic purposes. The executive decided to divide money as called upon. $10 was sent to the socks fund at the "World" Office, $10 for wool for members of the Association to knit socks for 126th Battalion, box of reading material to be sent to Base Hospital, and the Association will pay alumnae fees for the thirteen nurses while overseas.

Miss Rose, class '09, has accepted a position in the Mining Hospital, Copper Cliff.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held in the Lecture Hall of the Ottawa General Hospital, Water Street, on January 10th, at 3.30 p.m.

After the usual business meeting a most interesting address was given by Major Lorne Gardner (lately returned from the Front) on "Reasons why the medical work has been so much more successful in this war than in previous wars." He stated that it was due mainly to the great strides which had been made in medicine and surgery in recent years, to the wonderful system of collecting and trasporting the wounded and to the splendidly equipped hospitals.

Major Gardner also paid a high tribute to the work the Canadian nurses are doing at the Front.

Miss Lynele's singing was greatly enjoyed by all. Tea was served by the members of the Ottawa General Hospital Alumnae, and a pleasant social half-hour spent.

The Ottawa nurses at home have been busy with Red Cross Work.

From May to October, 1915, the members of the Lady Stanley Institute Alumnae met once a week at the Red Cross headquarters and made surgical dressings, etc. In all: Bandages, 879; combined dressings, 3,069; sponges, 39,000; gauze strips, 180; handkerchiefs, 204; mouth wipers, 2,242.

In October the Ottawa Graduate Nurses' Association took over the work, and up to January 6, 1916: Bandages, 499; combined dressings, 2,856; sponges, 18,760—were made. Miss Ballantyne has had charge of the work from the beginning.

The fifth annual meeting of the Canadian Public School Nurses' Association was held at Wade Street school on Tuesday, February 1st. The following officers were appointed: Honorary President, Miss

E. M. Paul; President, Miss E. J. Jamieson; Vice-Presidents, Miss M. MacKay and Miss Florence Jones; Recording Secretary, Miss E. F. Beal; Corresponding Secretary, Miss M. E. Butchart; Treasurer, Miss M. Altenore; Press Representative, Miss E. M. Morison.

The meeting adjourned early so that the members might attend the lecture given by Mr. Raymond Robins, of Chicago, on Social Service.

Within the last month the following nurses of the Toronto Public School staff have gone to the Front: Miss Armstrong and Miss Chandler, sent by Janet Carnochan Chapter of the Daughters of the Empire; Miss Misner and Miss Young with Queen's University Base Hospital. This makes nine of the school staff serving at the Front.

Miss Eva B. Reid, of Wallaceburg, a graduate of Hope Hospital, Fort Wayne, Ind., is taking the post graduate course.

Dr. Secombe, chief dental officer, is giving a course of lectures to Toronto School Nursing Staff.

The new dental clinic at Wade Street school has been opened and is in charge of Dr. McDonald.

The second "At Home," given by the School Nurses in Wade Street school on February 4, was a decided success.

The proceeds are to be used for philanthropic work among the school children.

Quebec

The Alumnae Association of the R.V.H., Montreal, had a most delightful musical evening provided for them on the 12th of January by Mr. Merlin Davies, assisted by Mrs. Davies and Mr. Hamblin. Every year Mr. Davies has most kindly given us the delight of hearing him sing, and we feel deeply indebted to him for a whole evening of such pleasure.

Miss Dorothy Cotton, class '10, R.V.H., Montreal, who has been in France with the McGill Hospital, was some time ago chosen to be sent to Petrograd to the Anglo-Russian Hospital being established there. She left England about the end of November, and arrived safely after a bad two weeks' crossing. They expected to get into hospital just before Christmas.

An interesting letter has been received from Mrs. Austin (class '12, R.V.H., Montreal), who has been in France with the McGill Hospital. She was enjoying three weeks' leave of absence, which she was spending with friends in England. A far cry from her letter was one from the far west from Mrs. Gillespie (Miss Arthur, class '12). After living for a year after their marriage in Medicine Hat, they are now residing in Pincher Creek, from where she writes most happily of her busy life, as she has a small daughter, six months old, to help occupy her time.

Miss Marion Robertson, of Brantford, Ont., class '10, R.V.H., Montreal, expects to leave in a few days for Cairo, Egypt, with the reinforcements for Queen's University Hospital in that place.

It is with deep regret that we announce the death of Miss Phia Lund, class '03, R.V.H.,Montreal, at Prince Albert, Sask., of pleuro-pneumonia, following an attack of "grippe." She had been matron of the Victoria Hospital in Prince Albert for the last two years, and the Governors of that institution speak most highly of the work she accomplished while there. She was buried in Woodstock, Ont.

The twenty-fourth annual report of Montreal Foundling and Baby Hospital is a record of good work and progress. The new hospital makes it possible to care for more infants. During the last year 197 babies have been cared for, of these 69 were removed by parents or guardians after a prolonged period in hospital, 19 have been adopted, 48 have died, and 61 remain in hospital. Of the 48 who died, 10 were moribund when admitted, and died within 24 hours. Excluding these, the mortality rate is under 20 per cent.

Eight nurses received diplomas in 1915.

The demand for the trained children's nurses of this institution is so great that it is impossible to supply a sufficient number of them. Any graduate of this school can always be guaranteed a good situation.

For the benefit of the public and girls desiring to apply for training, a few extracts from the circular for admission, outlining the qualifications of the children's nurses and their duties, is herewith appended:

"Applicants are received at any time during the year, if there is a vacancy. A personal interview is always advisable where it is possible. The applicants must be between twenty and thirty years of age, have a common school education, and furnish at least two references as to character and health. The course of instruction covers a period of ten to twelve months. It the ten months' course is taken, then the first two months in a place are counted as belonging to the course; the Hospital receives two-thirds of the wages of those two months, and the diploma is not granted until a satisfactory report has been received from the lady whose child has been under the nurse's care. In the twelve months' course the nurse, after passing a satisfactory examination, is granted her diploma and provided with a situation in a private family at twenty dollars and upwards per month. Nurses out of situations are requested to communicate with the Superintendent."

Montreal General Hospital Alumnae Association of Nurses, who have returned from extended Xmas holidays, are: Misses S. Fraser, A. Jamieson, G. Arnoldi, Lawrence, Watt, and L. and V. Larter.

We are glad to relate that Nursing Sister Miss Upton, of Dardanelles, who has been very ill, is quite well again.

Miss Helen McMurrich, of Toronto, sailed on Xmas Day with nine other nurses as members of the French Flag Nursing Corps. Miss Janey Ramsey was the first nurse to go after the war broke out. She has since been home on sick leave and returned again.

Miss Lella Carter, of Quebec city, went as a nursing sister to France some months ago.

Miss Helen Malcom has accepted the position of night supervisor of Wellesley Hospital, Toronto.

Miss Ingram, who has been doing institutional work in Jacksonville, Fla., has returned north to engage in private nursing.

Miss Tremaine, on leaving King George, was made a member of the Victorian Order, was presented with a pretty diamond and pearl brooch representing the initials G.R., by the King, also autographed photos of His Majesty and the Queen, who paid her a great compliment as did the special physician on her training in Montreal.

Miss Tremaine also received the Decoration of the Royal Red Cross at the beginning of the new year, along with the nurse who assisted her in caring for the King.

The M.G.H. nurses attached to the Laval University unit going to the Front are: Miss O. MacKay, F. W. Brown, G. I. Sare, B. A. Moores, E. T. Bagshaw, I. Hobkirk, E. J. Caswell, F. S. Perry, K. M. Knight, L. Erquhart, L. M. Terrill, C. P. Arnoldi, and H. Arnoldi.

This brings our number up to seventy-two nurses serving our king and country at the Front.

The annual meeting of the Western Hospital Alumnae Association, Montreal, was held on Monday afternoon, January 10, in the Board Room, with Miss Crossley in the chair. After the usual routine business, the election of officers for the ensuing year took place, and resulted as follows: Honorary President, Miss Craig; President, Miss Wright; First Vice-President, Miss Buck; Second Vice-President, Miss Douglas; Convener of Finance Committee, Miss Dyer; Program, Miss McBeath; Membership, Miss Nichol; General Nursing and Social, Miss Moore.

The following recent graduates, who hold the medals and diplomas of the Western Hospital and Montreal Maternity Hospital, have been voted approved members of the Alumnae. The names are given alphabetically: Misses Cuthbertson, Dean, Gothe, McCombe Morrison, McLeod, Stark, Stevens, Yuils.

Miss E. Macwhirter, who has been in Woodstock for the last month has returned to the city.

Miss M. Reynar, class '14, is at Moore Barracks, Shorncliffe, England.

A special meeting of the Alumnae Association of the Western Hospital was held on Friday afternoon, January 21st, in the Board Room of the Institution, when a most interesting lecture on the work of the nursing sisters, attached to the overseas' forces, was given by Major Wilson, who is on a short furlough. It was very gratifying to hear such an excellent report of the work of the sisters who have gone for overseas' service from our training school. Major Wilson spoke especially of the work in the X-ray departments, which is being done by Miss Brudley, one of our nurses.

At the close of the lecture a very pleasant event took place in the presentation to Miss Crossley, who has been in charge of the X-ray work at the Hospital, on the eve of her departure to continue similar work "somewhere in France," of a leather writing portfolio from the members of the Association. In a few well-chosen words Miss Crossley expressed her pleasure and thanks for the remembrance.

Refreshments were served at the close of the meeting.

Miss McBeath, who has been ill in the Western Hospital, has recovered and expects to take up her work shortly.

NOVA SCOTIA

Halifax is discussing a new Isolation Hospital to be erected at once.

Among the students who were graduated in massage and allied branches at the end of the Fall term, 1915, from the Pennsylvania Orthopaedic Institute and School of Mechano-therapy, Inc., 1709-11 Green Street, Philadelphia, Pa., were the following: Misses Theresa J. Gleason, R.N.; Marion Flint, R.N.; E. Maude Fisher, Marie K. Cooney, E. Louise Poffenberger, Mrs. Nellie S. Hay, Misses Adelaide G. Steele, Emilie M. Manifold, Hannah E. Alvine, Mrs. Emma B. Doyle, Mrs. Carrie W. Zimmerman, Miss Stella Conner, Mrs. M. J. Bonino, H. M. Ward, Mr. John F. Maher, R.N., Mr. Frank J. Weimer, Mr. Wm. W. Gentry, R.N.; Mr. A. V. Hagberg, Mr. Charles B. Beck.

"And last, not least, in each perplexing case
Learn the sweet magic of a cheerful face,
Not always smiling, but at least serene.
When grief and anguish cloud the anxious scene,
Each look, each movement, every word and tone
Should tell the sufferer you are all his own.
Not the mere hireling, purchased to attend,
But the warm, ready, self-supporting friend
Whose genial presence in itself combines
The best of tonics, cordials, anodynes."

—Oliver Wendell Holmes.

BIRTHS

On January 3, 1916, at 25 King Square, Charlottetown, P.E.I., to Mr. F. S. and Mrs. Chandler, a son. Mrs. Chandler is a graduate of the Royal Victoria Hospital, Montreal, class '12.

To Mr. and Mrs. A. Penny, Toronto, in December, 1915, a son. Mrs. Penny (E. Benton) is a graduate of the Western Hospital, Montreal, class '14.

On January 2, 1916, in New York, to Mr. and Mrs. William Murphy, a daughter. Mrs. Murphy is a graduate of Toronto Western Hospital, class '08.

MARRIAGES

In London, England, on October 26, 1915, Miss Henrietta Colchester, graduate of R. V. H., Montreal, class '03, to Mr. Ernest Colchester, of Pyeford, near London.

In Toronto, on December 27, 1915, Miss Nellie Louise Holmes, graduate of R. V. H., Montreal, class '05, to Mr. Albert Bertram McCuen, of Pittsburg, Pa.

In Toronto, on November 16, 1915, Miss Winifred Barr, graduate of R. V. H., Montreal, class '14, to Mr. William Francis Sparham.

At Benton Harbor, Mich., Miss Lottie Fraser, graduate of Montreal General Hospital, class '11, to Mr. Burwell.

On December 25, 1915, at Bartonville, Ont., May Carscallen, graduate of the Hamilton City Hospital, to H. Osbourne Wright, of Winnipeg. Mr. and Mrs. Wright will reside in Winnipeg.

At Waterloo, Ont., on October 27, 1915, Miss Norah W. Merner, graduate of the Berlin & Waterloo Hospital, class '14, and Assistant Superintendent the last year, to Mr. William C. Knell.

On November 17, 1915, at Vancouver, B.C., Miss Rose K. Andrews, graduate of Birmingham General Hospital, Birmingham, England, to Mr. Walter Gourlay, of Ladner, B.C.

On November 24, 1915, at Vancouver, B.C., Miss Jean Gordon Wilson, graduate of Montreal General Hospital, class '09, to Mr. W. S. McOuat, of Vancouver.

At Blenheim, Ont., on November 17, 1915, Miss Edith Burke, graduate of Chatham General Hospital, class '10, to Mr. C. T. Wetherald.

On December 20, 1915, at St. Mary's, Ont., Miss Jessie Russell, graduate of Grace Hospital, Toronto, to Dr. Henderson Bright, Vancouver, B.C.

At New Westminster, B.C., Miss Scharley P. Wright, President of the Canadian National Association of Trained Nurses, to Mr. R. Bryce Brown. Mr. and Mrs. Brown will reside at Twelfth Avenue, Burnaby, Vancouver, B.C.

On December 25, 1915, at Ancaster, Ont., Miss Kathleen Ruth Webster, graduate of Grace Hospital, Toronto, class '08, to Mr. C. E. Egliston, of Detroit, Mich.

On December 28, 1915, at Aurora, Ont., Miss Phillis Taylor, graduate of Grace Hospital, Toronto, to Mr. Archibald Norman Fraser, B.Sc. Mr. and Mrs. Fraser will reside at Barrington, N.S.

On December 29, 1915, at Bradford, Ont., Miss Helen R. Fraser, graduate of the Hospital for Sick Children, Toronto, to Mr. Angus D. Campbell, of Cobalt, Ont.

At Merritton, Ont., on November 22, 1915, Miss Margaret McGarry, graduate of St. Michael's Hospital, Toronto, class '12, to Mr. Neal Meehan, of Toronto.

At Toronto, on September 14, 1915, Miss Elizabeth Waldron, graduate of St. Michael's Hospital, Toronto, class '07, to Mr. Robert Stormont.

On June 23, 1915, Miss Della Jane Wylis, graduate of Kingston General Hospital, class '10, to Dr. Bryson Patterson, of Granby, Que.

On October 11, 1915, at Dawson, Yukon Territory, Miss Ida M. Burkholder, graduate of Toronto General Hospital, class 1899, and Superintendent of Good Samaritan Hospital, Dawson, to Mr. G. E. Brendenburg, of Dawson.

DEATHS

At Montreal, on January 8, 1916, Miss Agnes M. Lynch, District Superintendent of the Victorian Order of Nurses. Miss Lynch was a graduate of Montreal General Hospital.

Nursing Sister Bessie E. Sutherland, of Winnipeg, of typhoid fever, at Caljano, Serbia, on September 15th, 1915.

At Prince Albert, Sask., on January 15, 1916, Miss Phia Janet Lund, Superintendent of the Victoria Hospital, Prince Albert. Miss Lund was a graduate of the Royal Victoria Hospital, Montreal, class '03.

GRAND PRIZE
Panama-Pacific Exposition
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The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

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Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

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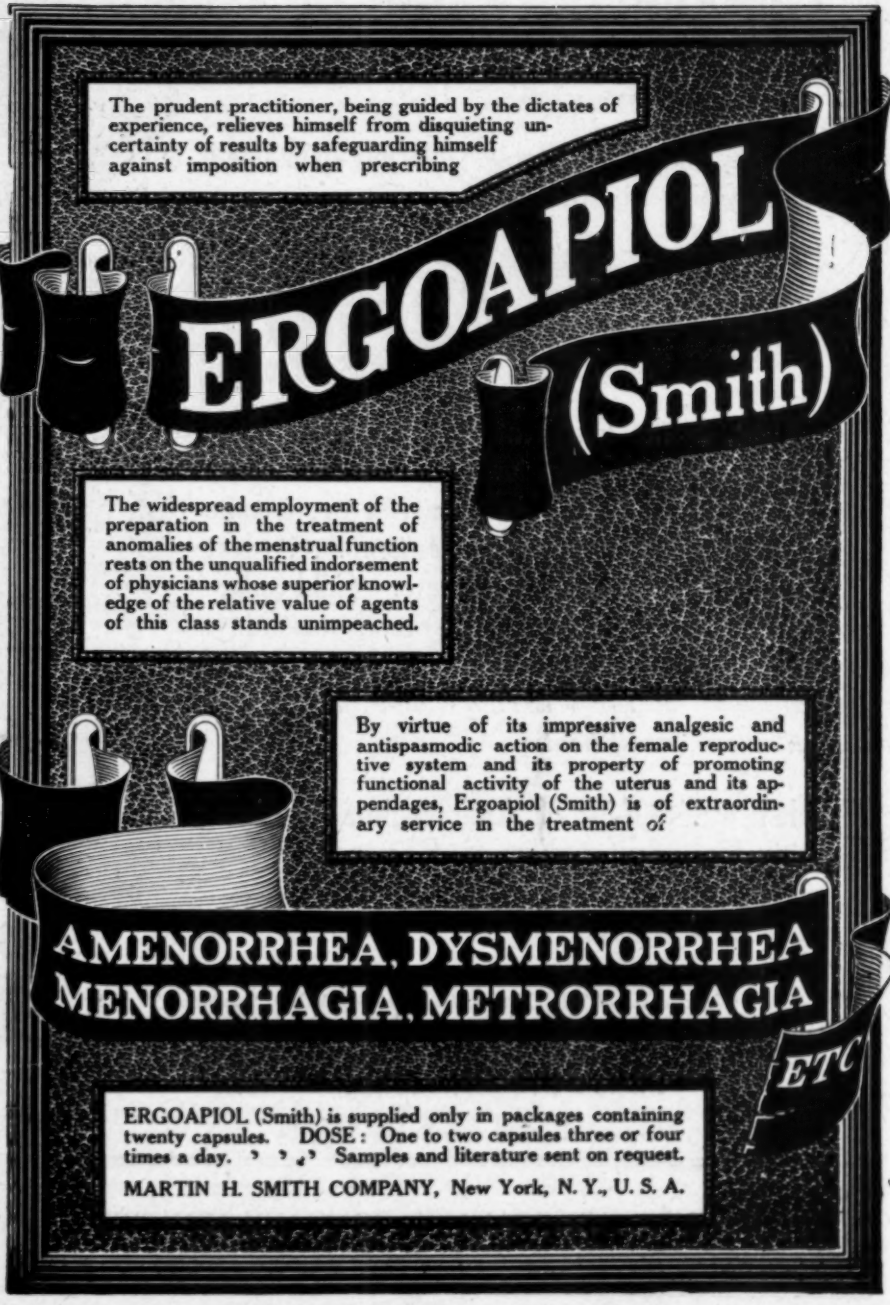
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